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Introduction

On April 12, 1985, the Mississippi Legislature passed an Act to provide for the licensing of birthing centers by the Mississippi Health Care Commission or its successor; to provide for license fees; to provide for hearings prior to the denial, suspension or revocation of a license; to provide for appeals from the decision at any such hearing; to provide penalties for violations of this act; and for related purposes.

The purpose of this act is to protect and promote the public welfare by providing for the development, establishment and enforcement of certain standards in the maintenance and operation of "birthing centers" which will ensure safe, sanitary and reasonably adequate care of individuals in such institutions.

A "birthing center" is a home-like facility where low risk births are planned to occur following normal, uncomplicated pregnancy. A "birthing center" has sufficient space to accommodate participating family members and support people of the woman's choice. A "birthing center" provides midwifery practice to child-bearing women during pregnancy, birth and puerperium and to the infant during the immediate newborn period by nurse-midwives or by an obstetrician or family physician or osteopathic physician. A "birthing center" has specified access to acute care obstetric and newborn services.

Part I

General

Section A -- Legal Authority

101.1

Adoption of Regulations. Under and by virtue of authority vested in it by Chapter 503 of the Laws of Mississippi, 1985, Regular Legislative Session, the Mississippi Health Care Commission, as licensing agency, does hereby adopt and promulgate the following rules, regulations, and standards governing birthing centers licensed to operate in the State of Mississippi.

101.2

Procedures Governing Amendments. The rules, regulations, and minimum standards for birthing center facilities may be amended by the licensing agency from time to time as necessary to promote the health, safety, and welfare of persons receiving services in such institutions.

Inspections Required. Each birthing center for which a license has been issued shall be inspected by the Mississippi Health Care Commission or by persons delegated authority by said Commission on an annual basis at such intervals as the Commission may direct. The Mississippi Health Care Commission and/or its authorized representatives shall have the right to inspect construction work in progress. New birthing center facilities shall not be licensed without having first been inspected for compliance with these rules, regulations and minimum standards.

Section B -- Definitions

A list of selected terms often used in connection with these rules, regulations and standards follows.

102.1

Purpose of the Act. The purpose of this act is to protect and promote the public welfare by providing for the development, establishment and enforcement of certain standards in the maintenance and operation of birthing center which will ensure safe, sanitary and reasonably

adequate care of individuals in such institutions.

102.2

Birthing Center. A "Birthing Center" shall mean a publicly or privately owned facility, place or institution constructed, renovated, leased or otherwise established where nonemergency births are planned to occur away from the mother's usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been determined to be low risk through a formal risk scoring examination. Care providing in a birthing center shall be provided by a licensed physician, or certified nurse midwife and a registered nurse.

Services provided in a birthing center shall be limited in the following manner:

- (a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or caesarean sections
- (b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- (c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conducted anesthesia shall not be administered at birthing centers
- (d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usual service provided the pregnant female in the obstetric-gynecology service of an acute care hospital. Such facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) or more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center of facility if in any manner is deemed to be or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

102.3

Hospital Affiliated Birthing Center. "Hospital affiliated" birthing center shall mean a separate and distinct unit of a hospital or a building owned, leased, rented or utilized by a hospital and

located in the same county as the hospital for the purpose of providing the service of a "birthing center". Such center or facility is not required to be licensed separately and may operate under

the license issued to the hospital if it is in compliance with Section 41-91-1 et seq., where applicable, and the rules and regulations promulgated by the licensing agency in furtherance thereof.

102.4

"Freestanding" Birthing Center. "Freestanding" birthing center shall mean a separate and distinct facility or center or a separate and distinct organized unit of a hospital or other defined persons (Section 41.7.173(q)) for the purpose of performing the service of a "birthing center". Such facility or center must be separately licensed and must comply with all licensing standards promulgated by the licensing agency by virtue of this act. Further, such facility or center must be a separate, identifiable entity and must be physically, administratively and financially independent from other operations of any hospital or other health care facility or service and shall maintain a separate and required staff, including administrative staff. Further, any "birthing center" licensed as a "freestanding" center shall not become a component of any hospital or other health care facility without securing a "certificate of need".

102.5

Hospitals. Hospitals are excluded from the definition of a "birthing center" unless they choose to and are qualified to designate a portion or part of the hospital as a birthing center, and nothing herein shall be construed as referring to the usually service provided the pregnant female in the obstetric-gynecology service of an acute care hospital. Such facility or center, as heretofore stated, shall include the offices of physicians in private practice alone or in groups of two (2) or more; and such facility or center rendering service to pregnant female persons, as stated heretofore and by the rules and regulations promulgated by the licensing agency in furtherance thereof, shall be deemed to be a "birthing center" whether using a similar or different name. Such center or facility if in any manner is deemed to be or considered to be operated or owned by a hospital or a hospital holding leasing or management company, for profit or not for profit, is required to comply with all birthing center standards governing a "hospital affiliated" birthing center as adopted by the licensing authority.

102.6

Non-Emergency Births. Those births that are planned to occur away from the mother's usual residence and are low risk.

102.7

Documented Period of Prenatal Care. Prenatal evaluation and care initiated prior to 28 weeks until 38-42 weeks by an appropriate care provider.

102.8

Normal Uncomplicated Pregnancy. Pregnancy course that is risked by the Holister or other approved standard risk scoring method at each visit, acceptable to the licensing agency which determines low risk criteria.

102.9

Formal Risk Scoring Examination. Examination includes history, physical, laboratory test review and other data specifically identified at the prenatal visit and throughout the pregnancy as defined by reasonable and generally accepted criteria of maternal and fetal health. It shall be approved by the licensing agency.

102.10

Licensed Physician (referred to in document as physician).

- A. Shall currently be licensed by the Mississippi Board of Medical Licensure as M.D. or D.O.
- B. Shall have at least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.
- C. Shall have good mental and physical health.

102.11

Certified Nurse-Midwife (referred to in document as nurse-midwife).

- A. Shall currently be licensed as a registered nurse and certified nurse-midwife by the Mississippi Board of Nursing.
- B. Shall have a least one year of experience in labor and delivery and/or Newborn Intensive Care and be trained and annually certified in adult and infant CPR and infant resuscitation.
- C. Shall have good mental and physical health.

102.12

Registered Nurse (referred to in document as nurse).

- A. Shall currently be licensed by the Mississippi Board of Nursing.
- B. Shall have a least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.
- C. Shall have good mental and physical health.

102.13

Care Provided in a Birthing Center. Services provided in a birthing center shall be limited in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth (circumcisions of male infants is permitted), such episiotomy and repair and shall not include operative obstetrics or cesarean sections
- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

102.14

Written Agreement. The birthing center shall have obtained a written agreement with a hospital which has an organized obstetrical service with an obstetrician and a pediatrician on the active staff and 24-hour emergency care and caesarean section capability within thirty (30) minutes, providing such service on a continuing basis, stating that said hospital agrees to accept from the birthing center such cases as may need to be referred for whatever reason from the birthing center, and agrees to accept phone consultation for problems that arise in the birthing center.

102.15

Administrator. The term "administrator" shall mean a person who is delegated the responsibility for the implementation and proper application of policies and programs established by the governing authority of the facility and is delegated responsibility for the establishment of safe and effective administrative management, control and operation of the services provided.

102.16

Licensed Practical Nurse.

- A. Shall currently be licensed by the Mississippi Board of Nursing.
- B. Shall have a least one year of experience in obstetrics and be trained and annually certified in adult and infant CPR and infant resuscitation.
- C. Shall have good mental and physical health.

102.17

Organized Obstetrical Service. A level II or III hospital, as designated by the licensing authority, shall consist of an obstetrician and a pediatrician on the active staff and 24-hour emergency room and caesarean section capability within thirty (30) minutes, and shall provide skilled nursing care, facilities and equipment appropriate for the patient being transferred.

102.18

Separate and Distinct Facility. A separate and distinct organized unit with a separate, identifiable entity, and must be physically, administratively and financially independent from other operations of any hospital or other health care facility or service and shall maintain a separate required and administrative staff.

102.19

Continuing Education. A program with perinatal content approved by the licensing agency or its designee, a minimum of 16 hours plus required CPR and infant resuscitation.

102.20

Licensing Agency. Licensing agency shall mean the Mississippi Health Care Commission or its successor agency.

102.21

License. The term "license" shall mean the document issued by the Mississippi Health Care Commission and signed by the Executive Director of the Mississippi Health Care Commission. Licensure shall constitute authority to receive patients and perform the services included within the scope of these rules, regulations and minimum standards.

102.22

Licensee. The term "licensee" shall mean the individual to whom the license is issued and upon whom rests the responsibility for the operation of the birthing center in compliance with these rules, regulations and minimum standards.

102.23

Patient. A pregnant female who plans to deliver away from her usual residence following a documented period of prenatal care for a normal uncomplicated pregnancy which has been

determined to be low risk through a formal risk scoring examination. The woman has formally agreed to deliver in the birthing center prior to labor.

102.24

Family Centered Care. Philosophy of care that allows family and significant others to participate in the pregnancy and birth, and post-partum period in a home-like environment.

102.25

Family. A term encompassing significant others of the pregnant women be they related or not.

102.26

Person. The term "person" shall mean any individual, firm, partnership, corporation, company, association or joint stock association, or any licensee herein or the legal successor thereof.

102.27

May. The term "may" indicates permission.

102.28

Shall. The term "shall" indicates mandatory requirement(s).

102.29

Should. The term "should" indicates recommendations(s).

Section C -- Type of License

103.1

License. No license shall be issued to any facility which fails to limit the clinical practice in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections
- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor

- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

103.2

Regular License. A license shall be issued to each birthing center that meets the requirements as set forth in these regulations. In addition, no birthing center facility may be licensed until it shows conformance to the regulations establishing minimum standards for prevention and detection of fire, as well as for protection of life and property against fire. Compliance with the N.F.P.A. Life Safety Code 101 for doctors' offices and clinics shall be required.

Services provided in a birthing center shall be limited in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections
- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

103.3

Provisional License. Within its discretion, the Mississippi Health Care Commission may issue a provisional license when a temporary condition of non-compliance with these regulations exists in one or more particulars. A provisional license shall be issued only if the Commission is satisfied that preparations are being made to qualify for a regular license and that the following care is already being provided: Care provided in a birthing center shall be provided by a licensed physician or certified nurse-midwife, and a registered nurse.

Services provided in a birthing center shall be limited in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections

- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

The provisional license issued under this condition shall be valid until the issuance of a regular license, or June 30, following date of issuance of the provisional license, whichever may be sooner. The maximum length of time a provisional license, issued for any reason, shall not exceed 3 months and cannot be reissued.

Section D -- Licensing

104.1

Application and Annual Report. Application for a license or renewal of a license shall be made in writing to the Mississippi Health Care Commission on forms provided by the Commission which shall contain such information as the Commission may require. The application shall require reasonable, affirmative evidence of ability to comply with these rules, regulations, and minimum standards.

104.2

Fee. In accordance with Section 24.43.1 of the Mississippi Code of 1972, as amended, each application for initial licensure shall be accompanied by a fee of Five Hundred Dollars (\$500.00), in business check (no personal checks) or money order, made payable to the Mississippi Health Care Commission. The fee shall not be refundable after a license has been issued.

104.3

Renewal. A license, unless suspended or revoked, shall be renewable annually upon payment of a renewal fee of Two Hundred and Fifty Dollars (\$250.00), which shall be paid to the Mississippi Health Care Commission, and upon filing by the licensee and approval by the Commission of an annual report upon such uniform dates and containing such information in such form as the licensing agency requires. Each license shall be issued only for the premises and person or persons names in the application and shall not be transferable or assignable. Licenses shall be posted in a conspicuous place on the licensed premises.

104.4

Name. Every birthing center designated by a permanent and distinctive name which shall be used in applying for a license and shall not be changed without first notifying the licensing agency in writing and receiving written approval of the change from the licensing agency. Such notice shall specify the name to be discontinued as well as the new name proposed. Only the official name by which the birthing center is licensed shall be used in telephone listings, on stationery, in advertising, etc. Two or more birthing centers shall not be licensed under similar names in the same vicinity. No freestanding birthing center shall include the word "hospital" in its name.

104.5

Issuance of License. All licenses issued by the Mississippi Health Care Commission shall set forth the name of the birthing center, the location, the name of the licensee, and the license number.

104.6

Separate License. Hospital-affiliated birthing center or facility is not required to be licensed separately, and may operate under the license issued to the hospital if it is in compliance with Section 41-91-1 et seq., where applicable, and the rules and regulations promulgated by the licensing agency in furtherance thereof.

104.7

Expiration of License. Each license shall expire on June 30 following the date of issuance.

Denial or Revocation of License: Hearings and Review. The Mississippi Health Care Commission, after notice and opportunity for a hearing to the applicant or licensee, is authorized to deny, suspend, or revoke a license in any case in which it finds that there has been a substantial failure to comply with the requirements established under the law and these regulations.

Section E -- Right of Appeal.

Provision for hearing and appeal following denial or revocation of license is as follows:

105.1

Administrative Decision. The Mississippi Health Care Commission will provide an opportunity for a fair hearing to every applicant or licensee who is dissatisfied with administrative decisions made in the denial or revocation of license.

- A. The licensing agency shall notify the applicant or licensee by registered mail or personal service the particular reasons for the proposed denial or revocation of license. Upon written request of applicant or licensee within ten (10) days of the date of notification the licensing agency shall fix a date not less than thirty (30) days from the date of such service at which time the applicant or licensee shall be given an opportunity for a prompt and fair hearing.
- B. On the basis of such hearing or upon default of the applicant or licensee, the licensing agency shall make a determination specifying its findings of fact and conclusions of law. A copy of such determination shall be sent by registered mail to the last known address of the applicant or licensee or served personally upon the applicant or licensee.
- C. The decision revoking, suspending, or denying the application or license shall become final thirty (30) days after it is so mailed or served unless the applicant or licensee, within such thirty (30) day period, appeals the decision to the Chancery Court in the county in which the facility is located, in the manner prescribed in Section 43-11-23, Mississippi Code of 1972, as amended. An additional period of time may be granted at the discretion of the licensing agency.

105.2

Penalties. Any person or persons or other entity or entities establishing, managing or operating a birthing center or conducting the business of a birthing center without the required license, or which otherwise violate any of the provisions of this act or the Mississippi Health Care Commission Law of 1979 as amended, or the rules, regulations or standards promulgated in furtherance of any law in which the Commission has authority therefor shall be subject to the penalties and sanctions of Section 41-7-209, Mississippi Code of 1972.

Part II

Administration

Section A -- Governing Authority

201.1

Each facility shall be under the ultimate responsibility and control of an identifiable governing body, person, or persons.

- A. The facility's governing authority shall adopt bylaws, rules and regulations which shall:
 - 1. Specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individuals responsible.
 - 2. Provide for at least annual meetings of the governing authority if the governing authority consists of two or more individuals. Minutes shall be maintained of such meetings.
 - 3. Require policies and procedures which includes provisions for administration and use of the facility, compliance, personnel, quality assurance, procurement of outside services and consultations, patient care policies and services offered.
 - 4. Provide for annual reviews and evaluations of the facility's policies, management and operation.
- B. When services such as laundry are purchased from others, the governing authority shall be responsible to assure the supplier(s) meets the same local and state standards that the facility would have to meet if it were providing those services itself using its own staff.
- C. The governing authority shall provide for the selection and appointment of the medical or nurse midwifery and nursing staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.

Section B -- Organization and Staff

202.1

Chief Executive Officer or Administrator.

- A. The governing authority shall appoint a qualified person as chief executive officer of the facility to represent the governing authority and shall define his/her authority and duties in writing. He/she shall be responsible for the management of the facility, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these regulations.
- B. The chief executive officer shall designate, in writing, a qualified person to act in his/her behalf during his/her absence. In the absence of the chief executive officer, the person on the grounds of the facility who is designated by the chief executive officer to be in charge of the facility shall be reasonable access to all areas in the facility related to patient care and to the operation of the physical plant.
- C. When there is a planned change in ownership or in the chief executive officer, the governing authority of the facility shall notify the Mississippi Health Care Commission. The chief executive officer shall be responsible for the preparation of written facility policies and procedures.

202.2

Administrative Records.

- A. The following essential documents and references shall be on file in the administrative office of the facility:
 - 1. Appropriate documents evidencing control and ownerships, such as deeds, leases, or corporation or partnership papers.
 - 2. Bylaws and policies and procedures of the governing authority and professional staff.
 - 3. Minutes of the governing authority meetings.
 - 4. Minutes of the facility's professional and administrative staff meetings.
 - 5. A current copy of the birthing center regulations.

6. Reports of inspections, reviews, and corrective actions taken related to licensure.
 7. Contracts and agreements for all services not provided directly by the facility and will include annual review signatures.
- B. All permits and certificates shall be appropriately displayed.

202.3

Fiscal Policies and Practices.

- A. Fiscal policies and practices to protect the assets of the organization and assure effective and efficient administration of the program include but are not limited to:
1. An annual budget for revenues and expenses approved by the governing body.
 2. Regular financial statements of budget vs. actual revenues and expenses with recommendations to the governing body on an annual basis.
 3. Adequate accounting controls over assets, liabilities, revenues and expenses.
 4. Controls on authorization for writing checks, handling cash and arranging for credit.
 5. Management of cash flow and a plan for cash shortfalls.
 6. Schedules for aged accounts receivable and depreciation of equipment.
 7. An annual financial review that includes management letter of recommendations to the center.
- B. There is a management plan for investments and capital expenditures.

Section C -- Personnel Policies and Procedures

203.1

Personnel Records.

- A. A record of each employee should be maintained which includes the following to help provide quality assurance in the facility:

1. Application for employment.
2. Written references and/or a record of verbal references.
3. Verification of all training and experience, licensure, certification, registration and/or renewals.
4. Performance appraisals.
5. Initial and subsequent health clearances.
6. Disciplinary and counseling actions.
7. Commendations.
8. Employee reports.
9. Record of orientation to the facility, its policies and procedures and the employee's position.

Personnel records shall be confidential. Representatives of the licensing agency conducting an inspection of the facility shall have the right to inspect personnel records.

203.2

Job Descriptions.

- A. Every position shall have a written description which adequately describes the duties of the position.
- B. Each job description shall include position title, authority, specific responsibilities and minimum qualifications. Qualifications shall include education, training, experience, special abilities and license or certification required.
- C. Job descriptions shall be kept current and given to each employee when assigned to the position and whenever the job description is changed.

203.3

Health Examination. As a minimum, each employee shall have a pre-employment health examination by a certified nurse-midwife or physician. the examination is to be repeated annually and more frequently if indicated to ascertain freedom from communicable diseases. The extent of the annual examinations shall be determined by a committee consisting of a physician,

administrator and/or certified nurse-midwife and/or nurse and documentation of the health examination shall be included in the employees' personnel folder.

Section D -- Professional Staff

204.1

There shall be a single organized professional staff consisting of physicians and/or nurse-midwives and nurses that have the overall responsibility for the quality of all clinical care provided to patients, and for the ethical conduct and professional practices of its members, as well as for accounting therefor to the governing authority. The manner in which the professional staff is organized shall be consistent with the facility's documented staff organization and bylaws, rules and regulations, and pertain to the setting where the facility is located. The professional staff bylaws, rules and regulations, and the rules and regulations of the governing authority shall require that patients are admitted to the facility only when the patient had been pre-scheduled to delivery at the birthing center following a documented period of prenatal care for a normal, uncomplicated pregnancy which had been determined to be low risk through a formal risk scoring examination and upon immediate evaluation by the physician or certified nurse-midwife and determined to still be low risk. The organization of the professional staff, and its bylaws, rules and regulations, shall be approved by the facility's governing authority.

The professional staff shall strive to assure the each member is qualified for membership and shall encourage the optimal level of professional performance of its members through the appointment/reappointment procedure, the specific delineation of clinical privileges, and the periodic reappraisal of each staff member according to the established provisions.

204.2

Qualifications. The appointment and reappointment of professional staff members shall be based upon well-defined, written criteria that are related to the goals and objectives of the facility as stated in the bylaws, rules and regulations of the medical staff and of the governing authority.

Upon application or appointment to the professional staff, each individual must sign a statement to the effect that he/she has read and agrees to be bound by the professional staff and governing authority bylaws, rules and regulations.

The initial appointment and continued professional staff membership shall be dependent upon professional competence and ethical practice in keeping with the qualifications, standards, and requirements set forth in the professional staff and governing authority bylaws, rules and regulations.

204.3

Method of Selection. Each facility is responsible for developing a process of appointment to the professional staff, whereby it can satisfactorily determine that the person is appropriately licensed and qualified for the privileges and responsibilities he/she seeks.

204.4

Privilege Delineation. Privileges shall be delineated for each member of the professional staff regardless of the type and size of the facility.

The delineation of privileges shall be based on all verified information available in the applicant's or staff member's credentials file. Whatever method is used to delineate clinical privileges for each professional staff applicant, there must be evidence that the granting of such privileges is based on the member's demonstrated current competence.

204.5

Clinical Privileges shall be Facility-Specific. The professional staff shall delineate in its bylaws, rules and regulations, the qualifications, status, clinical duties, and responsibilities of the professional staff who are not members of the professionals of the birthing center staff but whose services require that they be processed through the usual staff channels.

The training, experience and demonstrated competence of individuals in such categories shall be sufficient to permit their performing their assigned functions.

204.6

Reappointment. The facility's professional staff bylaws, rules and regulations shall provide for review and reappointment of each professional staff member at least once every two years.

The reappointment process should include a review of the individual's status by a designated professional staff committee, such as the credentials committee.

When indicated, the credentials committee shall require the individual to submit evidence of his/her current health status that verifies the individual's ability to discharge his/her responsibilities.

The committee's review of the clinical privileges of a staff member for reappointment should include the individual's past and current professional performance as well as his/her adherence to the governing authority and professional staff bylaws, rules and regulations.

The professional staff bylaws, rules and regulations shall limit the time within which the professional staff reappointment and privilege delineation processes must be completed.

204.7

Designated Director. Each facility shall have at all times a designated nurse-midwife or physician director who shall be responsible for the direction and coordination of all aspects of facility programs.

204.8

Hospital Privileges. The members of the physician staff have privileges in at least one local hospital, possibly at the referral hospital.

204.9

Staffing. There shall be a minimum of one licensed registered nurse per one or two patients (at any one time). There shall be a physician or nurse-midwife at the birthing center when a patient is laboring, for the delivery, and at least, one hour post delivery. When and if the patient census is more than the above, additional professional staff are to be called in or the patients are to be transferred to a hospital. There shall be an adequate number of professional and support staff on duty and on call to meet demands for services routinely provided, and in periods of high demand or emergency, to assure client safety and satisfaction; and to assure that no mother in active labor shall remain unattended.

204.10

Legality. All facility personnel, medical and others, shall be licensed to perform the services they render when such services require licensure under the laws of the State of Mississippi.

204.11

Care. Services provided in a birthing center shall be limited in the following manner:

- a) Surgical services shall be limited to those normally performed during uncomplicated childbirth, such as episiotomy and repair, and shall not include operative obstetrics or Caesarean sections
- b) Labor shall not be inhibited, stimulated or augmented with chemical agents during the first or second stage of labor
- c) Systemic analgesia may be administered and local anesthesia for pudental block and episiotomy repair may be performed. General and conductive anesthesia shall not be administered at birthing centers
- d) Patients shall not remain in the facility in excess of twenty-four (24) hours.

There shall be at least two health care providers trained and currently certified in CPR and infant resuscitation attending each birth.

204.12

Malpractice Insurance. Professional staff and consulting specialists shall provide evidence of malpractice insurance coverage and if not available, inform clients that they do not carry malpractice insurance.

All professional staff will participate at least annually in staff development including, but not limited to: recertification of CPR training, education programs to maintain currency in knowledge and skills used in birth center practice.

Section E -- Patient Transfer

205.1

The patient shall be transferred when necessary to a level II or level III hospital which shall have an organized obstetrical and newborn service which shall provide for an obstetrician and pediatrician on staff, 24-hour emergency care, and caesarean section capability within thirty (30) minutes and shall provide skilled nursing care and facilities and equipment appropriate for the patient being transferred, having been notified on initiation of transfer.

205.2

Written Agreement. The written agreement shall state that the hospital agrees to accept from the birthing center such cases as need to be referred for whatever reason from the birthing center, and for phone consultation for problems that arise in the birthing center.

205.3

Transportation. Arrangements with an ambulance or other appropriate transport must be documented in the policies and procedures manual and periodic assessments of the transport system should be made and documented.

205.4

Transfer of Patients. The policy and procedures manual shall list criteria for transfer of patients to a hospital. When the risk status of the mother or infant necessitates extensive electronic monitoring, the patient shall be transferred.

205.5

Records. The policy manual shall outline consultation, transfer and hospital admission procedures. The patient's health record/or copy should accompany the patient on transfer and a copy maintained by the birthing center.

Section F -- Safety

206.1

- A. The governing authority shall develop written policies and procedures designed to enhance safety within the facility and on its grounds and minimize hazards to patients, staff and visitors.
- B. The policies and procedures shall include establishment of the following:
 - 1. Safety rules and practice pertaining to personnel, equipment, liquids, drugs, with particular attention to hazards of children such as uncovered electrical outlets, unsafe toys, unprotected stairs and unlocked storage cabinets as well as walkways, parking lots and outside play areas.
 - 2. Provisions for reporting and the investigation of accidental events regarding patients, visitors and personnel (incidents) and corrective action taken.
 - 3. Provision for dissemination of safety-related information to employees and users of the facility.
 - 4. Provision for string and needle storage, handling and disposal.
- C. Smoking shall not be permitted in the center.

Section G -- Housekeeping

208.1

The birthing rooms shall be appropriately cleaned after each birth. The facility shall be maintained in a clean condition.

Adequate arrangements and/or housekeeping staff shall be employed to fulfill the above

requirement.

Section H -- Linen and Laundry

208.1

- A. An adequate supply of clean linen or disposable materials shall be maintained.
- B. Provisions for proper laundering of linen and washable goods shall be made. Soiled and clean linen shall be handled and stored separately.
- C. A sufficient supply of cloth or disposable towels shall be available so that a fresh towel can be used after each hand-washing. Towels shall not be shared.

Section I -- Sanitation

209.1

- A. All parts of the facility, the premises and equipment shall be kept clean and free of insects, rodents, litter and rubbish.
- B. All garbage and waste shall be collected, stored and disposed of in a manner designed to prevent the transmission of disease. Containers shall be washed and sanitized before being returned to work areas. Disposable type containers shall not be reused.

Section J -- Preventive Maintenance

210.1

A schedule of preventive maintenance shall be developed for birthing equipment to assure satisfactory operation when needed.

Section K -- Disaster Preparedness

211.1

- A. The facility shall have a posted plan for evacuation of patients, staff and visitors in case of fire or other emergency.

1. The birth center maintains functioning smoke alarms, appropriately placed fire extinguisher to control limited fires and emergency-powered lighting; identifies exits; protects stairwells with fire doors.

B. Fire Drills.

1. At least one drill shall be held every three months for every employee to familiarize employees with the drill procedure. Reports of the drills shall be maintained with records of attendance.
2. Upon identification of procedural problems with regard to the drills, records shall show that corrective action has been taken.

There shall be an ongoing training program for all personnel concerning aspects of fire safety and the disaster plan.

Section L -- Health Record Services

212.1

Health Record System. A health record shall be maintained in accordance with accepted professional principles, for every patient admitted and cared for in the center. The health record system shall be under the supervision of a designated person who has demonstrated through relevant experience the ability to perform the required functions.

212.2

Facilities. A room or area shall be designated within the center for health records. The area shall be sufficiently large and adequately equipped to permit the proper processing and storing of records. All health records must be accessible and easily retrieved.

212.3

Ownership. Health records shall be property of the facility and shall not be removed except by subpoena or court order. These records shall be protected against loss, destruction and unauthorized use. A copy of the record will accompany the patient at transfer.

212.4

Preservation of Records. Health records shall be preserved either in the original form or by

microfilm for a period of not less than ten years. In the case of a minor, the record is to be retained until the patient becomes of age plus seven years. Mother and infant record shall be kept together.

Individual Patient Records. Each patient's health record shall include but is not limited to at least the following information:

- a. Demographic information and client identification;
- b. Orientation to program and informed consent;
- c. Complete social, family, medical, reproductive, nutrition and behavioral history;
- d. Initial physical examination, laboratory tests and evaluation of risk status;
- e. Appropriate referral of ineligible clients with report of findings on initial screening;
- f. Development of a plan for care and payment for services;
- g. Continuous periodic prenatal examination and evaluation of risk factors;
- h. Instruction and education including nutritional counseling, changes in pregnancy, self-care in pregnancy, orientation to health record and understanding of findings on examinations and laboratory tests, preparation for labor, sibling preparation, preparation for early discharge, newborn assessment and care; and feeding and medical evaluation;
- i. History, physical examination and risk assessment on admission to center in labor (labor graph);
- j. Monitoring of progress in labor with on-going assessment of maternal and newborn reaction to the process of labor;
- k. Consultation, referral and transfer for maternal or neonatal problems that elevate risk status;
- l. Physical assessment of newborn including apgar scores, maternal newborn interaction, prophylactic procedures, postpartum monitoring of vital signs and accommodation to extrauterine life;
- m. Labor summary;
- n. Discharge summary for mother and newborn;

- o. Plan for home care, follow-up, referral to support groups;
- p. Plan for newborn health supervision and required screening tests, immunizations;
- q. Late postpartum evaluation of mother, counseling for family planning and other services and evaluation of mother-child relationships;
- r. Eye care, vitamin K.

212.6

Completion of Health Records. All health records shall be completed promptly. Reports of laboratory tests, treatments and consultation are entered promptly on health record.

212.7

Indexes. All health records should be indexed according to patient's name.

212.8

System of Periodic Review. There is a system for periodic record review and attention to problems identified, review discussion, and analysis documented.

Part III

Patient Care

Section A -- Quality of Care

301.1

Rights and Responsibility of the Woman and Her Family.

- A. The rights and responsibilities of the woman and her family, however, she defines her family, shall be clearly delineated in the center's policies and procedures and communicated to the childbearing family on admission for care and that the client's rights include but not be limited to expectation to:
1. be treated with respect, dignity and consideration;
 2. be assured of confidentiality;
 3. be informed of the benefits, risks and eligibility requirements of an out-of-hospital labor and birth;
 4. be informed of those services provided by the center and services provided by contract, consultation and referral;
 5. be informed of the identity and qualifications of care providers, consultations and related services and institutions;
 6. be informed of all diagnostic procedures and reports, all recommendations and treatments, participate in decisions relating to the plan for management of her care and all changes in that plan, once established, including referral or transfer to other practitioners or other levels of care, be provided with a written statement of fees for services and responsibilities for payment;
 7. be informed of the center's plan for provision of emergency and non-emergency care in the event of complications to mother and newborn;
 8. be provided with a written statement of the birth center's plan and the families'

responsibilities for assuring adequate supportive home care and follow-up health supervision of mother and infant;

9. be informed of and reserve the rights to refuse participation in research or student education programs;
10. be informed of the center's plan for hearing grievance.

B. That the center provide or demonstrate availability of a range of services to meet physical, emotional, socio-economic, informational and medical needs of the individual patient while under care, including but not limited to:

1. an orientation to the facility fees and services of the center;
2. written information, including a glossary of terms, on the established criteria for admission to, and continuation in, the birth center program of care;
3. prenatal care (may be provided at related practitioner or clinic site);
4. a program of education for pregnancy, labor, breast-feeding, infant care, early discharge, parenting, self-care/self-help, sibling preparation;
5. laboratory services;
6. 24-hour telephone consultation;
7. library resources;
8. intrapartum care;
9. light nourishment during labor and postpartum;
10. immediate postpartum care;
11. home or office follow-up for mother and newborn
12. additional options:
 - a. exercise programs
 - b. parent support groups
 - c. postpartum classes
 - d. family planning
 - e. well baby care

- f. circumcision
 - g. nursing mother support programs
 - h. well woman gynecologic care
 - i. public education
 - j. professional education
 - k. clinical investigation and/or research
- C. That drugs for induction or augmentation of labor, vacuum extractors, forceps, electronic fetal monitors and ultrasound are not necessary during normal labor and are not appropriate for use in birth centers. Patients are informed and consent to this philosophy.
- D. That a policy and procedure manual is available to practitioners and support staff at all times and that it include all aspects of birth center practice and care to childbearing families.
- E. Practice protocols be approved by the consulting specialists and available to the hospital receiving transfers upon request.

Section B -- Nursing Service

302.1

Nursing Staff. The nursing staff shall be qualified by education, obstetrical nursing experience of one year, certified in CPR and trained in infant resuscitation. The birthing center shall maintain an organized nursing staff to provide high quality nursing care for the needs of the patients and be responsible to the birthing center for the professional performance of its members. The birthing center nursing service shall be under the direction of a legally and professionally qualified registered nurse. There shall be a sufficient number of duly licensed registered nurses on duty at all times to plan, assign, supervise, and evaluate nursing care, as well as to give patients the nursing care that requires the judgment and specialized skills of a registered nurse.

302.2

Director of Nursing Service. The director of nursing services shall be qualified by education, obstetrical nursing experience of one year certified in CPR and trained in infant resuscitation, and demonstrated ability to organize, coordinate, and evaluate the work of the service. He/she shall be qualified in the fields of nursing and administration consistent with the complexity and scope of operation of the birthing center facility and shall be responsible to the administrator for the developing and implementing policies and procedures of the service in the birthing center.

302.3

Staffing Pattern. A staff pattern shall be developed to provide for sufficient nursing personnel for adequate supervision and direction by registered nurses consistent with the caseload, the size of the birthing center. There shall be 24-hour availability of qualified nursing staff and back-up staff available when needed. A registered nurse shall be in the center whenever a patient is in labor, during birth, and throughout the postpartum period while a patient is in the center.

302.4

Nursing Care Plan. There shall be evidence established that the birthing center nursing service provides safe, efficient and therapeutically effective nursing care through the planning of each patient's care throughout her stay and the effective implementation of the plans. A registered nurse must plan, supervise and evaluate the nursing care of each patient from admission to discharge. Each patient shall be given prior to discharge a referral with specific time, date and place for post partum, family planning and infant care. Although the care may not be provided by the center staff, a two-week health status of the baby shall be documented on the patient's record.

302.5

Licensed Practical Nurse. Licensed practical nurses who are currently licensed to practice within the state, as well as other ancillary nursing personnel, may be used to give nursing care that does not require the skill and judgment of a registered nurse. Their performance shall be supervised by one or more registered nurses. All personnel shall be trained in CPR.

302.6

Nursing Service Evaluation. To develop better patterns of utilization of nursing personnel, periodic evaluation of the activities and effectiveness of the nursing staff should be conducted as a part of quality assurance. Evaluations should be done after the first 90-day probationary period, then annually thereafter.

302.7

Nursing Service Organization. The birthing center nursing service shall have a current written organizational plan that delineates its functional structure and its mechanisms for cooperative planning and decision-making. This plan shall be an integral part of the overall birthing center plan and shall:

- a. be made available to all nursing personnel.
- b. be reviewed periodically (yearly) and revised as necessary.

- c. reflect the staffing pattern for nursing personnel throughout the birthing center.
- d. delineate the functions for which nursing service is responsible.
- e. indicate all positions required to carry out such functions.
- f. contain job descriptions for each position classification in nursing service that delineates the functions, responsibilities, and desired qualifications of each classification, and should be made available to nursing personnel at the time of employment.
- g. indicate the lines of communication within nursing service.
- h. define the relationships of nursing service to all other services and departments in the birthing center.

In birthing centers where the size of the nursing staff permits, nursing committees shall be formally organized to facilitate the establishment and attainment of goals and objectives of the nursing service.

In birthing centers where the size of the service permits, one committee made up of all administration, nurses, nurse-midwives, and/or physicians shall formally organize to facilitate the establishment and attainment of goals and objectives of the birthing center.

302.8

Policies and Procedures. Written nursing care and administrative policies and procedures shall be developed to provide the nursing staff with acceptable methods of meeting its responsibilities and achieved projected goals through realistic, attainable goals.

In planning, decision-making and formulation of policies that affect the operation of nursing service, the nursing care of patients, or the patient's environment, the recommendations of representatives of nursing service shall be considered.

Nursing care policies and procedures shall be consistent with professionally recognized standards of nursing practice and shall be in accordance with Nurse Practice Act of the State of Mississippi and of the National Association of Childbearing Center Standards for Free-Standing Birth Centers when appropriate. Policies shall include statements relating to at least the following:

- a. noting diagnostic and therapeutic orders.
- b. assignment of aspects of care of patients.

- c. administration of medications.
- d. charting of nursing personnel.
- e. infection control.
- f. patient and personnel safety.
- g. family-centered maternity care.
- h. methods used to ensure center's referral and follow-up of patients for post-partum, family planning and infant care.

Written copies of the procedure manual shall be available to the nursing staff in every nursing care unit and service area and to other services and departments in the birthing center. The nursing procedure manual should be used to:

- a. provide a basis for staff development to enable new nursing personnel to acquire local knowledge and current skills through established orientation programs.
- b. provide a ready reference or procedures for all nursing personnel.
- c. standardize procedures and equipment.
- d. provide a basis for evaluation and study to ensure continued improvements in techniques.

The birthing center nursing policies and procedures shall be developed, periodically reviewed, and revised as necessary by nursing representatives in cooperation with administration, the nurse-midwifery staff, the physician staff, and other facility services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

Section C -- Nurse-Midwifery and Physician Service

303.1

Nurse-Midwifery/Physician Staff. The nurse-midwifery staff and the physician staff clinically function the same in the birthing center except during an emergency at which time the more senior clinician is in charge. Either a nurse-midwife or a physician shall be in the birthing center when a woman is in labor for the birth and at least one hour post partum or longer if necessary.

303.2

Director of the Service. The nurse-midwife or the physician shall be the director of the service. A physician-obstetrician and pediatrician shall be available 24 hours for phone consultation. The director must have sufficient clinical experience and be clinically competent and qualified to organize, coordinate and evaluate the work of the service. He/she shall be qualified in obstetric and immediate newborn care and administration consistent in the scope of operation of birth center and shall be responsible for the development and implementation of the policies and procedures of the service and standard of care provided in the birth center.

303.3

Staffing Pattern. The staffing pattern shall be developed so that either a nurse-midwife or a physician is in the birthing center while a woman is in active labor during birth and a minimum of one hour post partum or longer if needed. There shall be a minimum of one nurse-midwife or physician for every two patients in the center at one time to ensure that every patient in active labor is attended. The staffing pattern shall provide for sufficient clinician personnel and for adequate supervision and direction consistent with the size and caseload of the birthing center.

303.4

Management of Care. There shall be policies, procedures and protocols for all care provided in the birthing center.

303.5

Evaluation of Care. There shall be a quality assurance program for direct maternal and newborn care which includes, but is not limited to:

1. at least annual review of protocols, policies and procedures relating to the maternal and newborn care;
2. the appropriateness of the risk criteria for determining eligibility for admission to an continuation in the birth center program of care;
3. the appropriateness of diagnostic and screening procedures including laboratory studies, sonography, non-stress tests as they impact on quality of care and cost to the client;
4. the appropriateness of medications prescribed, dispensed or administered in the birth center;

5. the evaluation of performance of clinical practitioners employed by or on the staff of the birth center (peer review-self evaluation);
6. quarterly meetings of clinical practitioners to review the management of care of individual clients and make recommendations for improving the plan for care;

7. quarterly review of all transfers of mothers and neonates to hospital care to determine the appropriateness and quality of the transfer;
8. quarterly review and evaluation of all problems or complications of pregnancy, labor and post-partum and the appropriateness of the clinical judgment of the practitioner in obtaining consultation and attending to the problem;
9. regular review of all health records for legibility and completeness;
10. evaluation of staff on ability to manage emergency situations by unannounced periodic drills for fire, maternal/newborn emergencies, power failures, etc.

303.6

Nurse Midwifery/Physician Practice Evaluation. Clinical staff shall be evaluated according to established job descriptions, policies, clinical privileges and safety and effectiveness of their activities. Evaluations should be done after the first 90-day probationary period, then annually thereafter by their peers through a mechanism established in the policy manual.

303.7

Nurse-Midwifery/Physician Service Organization. The birthing center's nurse-midwifery/physician service shall have a current written organizational plan that delineates its functional structure and its mechanisms for cooperative planning and decision-making. This plan shall be an integral part of the overall birthing center plan and shall:

- a. be made available to all nurse-midwifery, physician staff.
- b. be reviewed periodically (yearly) and revised as necessary.
- c. reflect the staffing pattern for nurse-midwifery, physician staff throughout the birthing center.
- d. delineate the functions for which nurse-midwifery/physician staff is responsible.
- e. indicate all positions required to carry out such functions.
- f. contain job descriptions for each position classification in nursing service that delineates the functions, responsibilities, and desired qualifications of each classification, and should be made available to nurse-midwifery/physician staff at the time of employment.
- g. indicate the lines of communication within birthing center service.

- h. define the relationships of nurse-midwifery, physician staff services and departments in the birthing center facility. In the birth center where the size of the staff permits, committees shall be formally organized to facilitate the establishment and attainment of goals and objectives of the nurse-wife/physician service. In birthing center where the size of the staff permits, one committee made up of all the nurses, nurse-midwives and/or physicians and administration shall formally organized to facilitate the establishment and attainment of goals and objectives of the birthing center.

303.8

Policies and Procedures. Written nurse-midwifery and physician care and administrative policies and procedures shall be developed to provide the professional staff with acceptable methods of meeting its responsibilities and achieving projected goals through realistic, attainable goals.

In planning, decision-making and formulation of policies that affect the operation of nurse-midwifery/physician service, their care of patients, or the patient's environment, the recommendations of representatives of nursing service and nurse-midwifery/physician service, shall be considered.

Care policies and procedures shall be consistent with professionally recognized standards of National Association of Childbearing Centers and shall be in accordance with Nurse Practice Act and Medical Practice Act of the State of Mississippi. Policies shall include statements relating to at least the following:

- a. diagnostic and therapeutic orders.
- b. assignment of care of patients.
- c. medication orders.
- d. charting.
- e. infection control.
- f. patient and personnel safety.
- g. family centered maternity care.

Written copies of the procedure manual shall be available to the nursing staff, nurse-midwifery/physician staff and other birthing center staff as needed. The nurse-midwifery/physician procedure manual should be used to:

- a. provide a basis for staff development to enable new personnel to acquire local knowledge and current skills through established orientation programs.
- b. provide a ready reference or procedures for all personnel.
- c. standardize procedures and equipment.
- d. provide a basis for evaluation and study to ensure continued improvements in techniques.

The birthing center nurse-midwifery/physician policies and procedures shall be developed, periodically reviewed and revised as necessary by nursing representatives in cooperation with administration, the nurse-midwifery/physician staff and other facility services and departments concerned. All revisions shall be dated to indicate the date of the latest review.

Section D -- In-service Education, Continuing Education

304.1

An in-service education program and meetings of the staff shall be provided for all staff members of the birthing center for the improvement of existing practices; obtaining new knowledge and skills applicable to birthing centers and to keep personnel informed of changes in policies and procedures and discuss problems in the birthing center. The in-service program shall be planned, scheduled, documented and held on a continuing or monthly basis.

All nurses, nurse-midwives and physicians shall participate annually in appropriate training programs for the safe and effective use of diagnostic and therapeutic equipment for CPR and infant resuscitation and transport.

304.2

Continuing Education. Nursing and nurse-midwifery and physician staff shall attend sixteen (16) hours of approved clinical education sessions annually to improve existing practices; and to obtain new knowledge and skills applicable to birthing centers. This is in addition to CPR and infant resuscitation.

Section E -- Equipment/Supplies

305.1

A readily accessible emergency cart or tray for the mother shall be equipped to carry out the written emergency procedures of the center and securely placed with a written log of routine

maintenance for readiness.

- A. Mechanical ventilatory assistance equipment, airways, manual breathing bag, laryngoscope and endotracheal tubes, suction equipment, emergency drugs and supplies, intravenous equipment and blood expanders.

305.2

A readily accessible emergency cart or tray for the newborn shall be equipped to carry out the written emergency procedures of the center and securely placed with a written log of routine maintenance for readiness.

- A. Mechanical ventilatory assistance equipment, airways, manual breathing bag, laryngoscope and endotracheal tubes, suction equipment, emergency drugs and supplies, intravenous equipment and blood expanders.

305.3

Each facility shall have properly maintained equipment for routine care of women and neonates including but not limited to:

- a. a heat source for infant examination or resuscitation
- b. transfer incubator or isolate
- c. sterilizer or demonstration of sterilizing capability
- d. blood pressure equipment, thermometers, fetoscope/doptone
- e. intravenous equipment
- f. oxygen equipment
- g. instruments for delivery, episiotomy and repair.

305.4

Each facility shall have properly maintained accessory equipment which includes but is not limited to:

- a. conveniently placed telephones, emergency call system

- b. portable lighting
- c. kitchen equipment usually found in home for light refreshment
- d. laundry equipment usually found in home or contracted laundry services.

305.5

Supplies.

- A. The inventory of supplies shall be sufficient to care for the number of childbearing women and families registered for care.
- B. Shelf life of all medications and I.V. fluids shall be monitored.
- C. Abusable supplies such as needles and prescription pads shall be appropriately stored and disposed of.
- D. Controlled drugs shall be maintained in double locked secured cabinets with a written procedure for accountability.

Section F -- Sanitary Environment

306.1

The birthing center shall provide a safe and sanitary environment, properly constructed, equipped and maintained to protect the health and safety of patients.

- A. An infection committee, or comparable arrangement, composed of members of the nurse-midwifery and/or physician staff, nursing staffs, administration and other services of the birthing center shall be established and shall be responsible for investigating, controlling and preventing infections in the birthing center. The committee shall meet quarterly and maintain written documentation of such meetings and an attendance roster.
- B. There shall be written procedures to govern the use of aseptic techniques and procedures in all areas of the birthing center.
- C. To keep infections at a minimum, such procedures and techniques shall be regularly reviewed by the infection committee annually.
- D. Continuing education shall be provided to all birthing center personnel on causes, effects,

transmission, prevention, and elimination of infection on an annual basis.

- E. A continuing process shall be enforced for inspection and reporting of any birthing center employee with an infection who may be in contact with patients on the patient's environment.
- F. The birthing center shall provide adequate hand washing facilities for childbearing families and personnel.

Section G -- Central Sterile Supply

307.1

Policies and procedures shall be maintained for method of control used in relation to the sterilization of supplies and water and a written policy requiring sterile supplies to be reprocessed at specific time periods. These areas shall be separated:

- A. Receiving and clean-up, to contain a two-compartment sink with two drainboards.
- B. Pack make-up shall have autoclaves, work counter and unsterile storage.
- C. Sterile storage area should have pass-through to corridor.

When sterilization is contracted outside the birthing center, there shall be designated area for dirty, clean, and sterile supplies.

Section H -- Pharmaceutical Services

308.1

Administering Drugs and Medicines. Drugs and medicines shall not be administered to patients unless ordered by a physician or nurse-midwife duly licensed to prescribe drugs. Such orders shall be in writing and signed personally by the physician or nurse-midwife who prescribes the drug or medicine.

Pain control should depend primarily on close emotional support and adequate preparation for the birth experience.

308.2

Medicine Storage. Medicines and drugs maintained at the birthing center shall be properly stored and safeguarded in enclosures of sufficient size, and which are not accessible to unauthorized persons. Only authorized personnel shall have access to storage enclosures.

308.3

Safety. Drug storage area shall be provided with safeguards to prevent entrance of unauthorized persons, including bars on accessible windows and lock on doors. Controlled drugs shall be stored in a securely constructed room or cabinet or area in accordance with applicable federal and state laws.

308.4

Controlled Substances Permit. If narcotics are kept at the birthing center, the center shall procure a state controlled drug permit. The permit shall be displayed in a prominent location.

308.5

Records. Records shall be kept on the receipt and disposition of all controlled substances. Individual controlled substance records shall reflect the name and strength of the drug, the date and time administered, signature of the practitioner administering the drug, the name of the patient, and the balance of the drug remaining.

308.6

Medication Orders. All verbal or telephone orders for medications shall be received by a Registered Nurse, Nurse-Midwife, Physician or Registered Pharmacist, and shall be reduced to writing into the patient's permanent medical record. The order shall include the physician or nurse-midwife's name accompanied by the time and data and name and title of person making the entry into the record. All verbal or telephone orders shall be countersigned by the practitioner within 48 hours of the order.

308.7

The facility shall not dispense any medications to OUTPATIENTS. The facility may procure medications for its patients through community pharmacists. Individual medication containers shall be properly stored in individual patient medication bins/trays within a lockable area, room or cabinet.

OR

The facility may procure medications via the facility's physician's registration. Clinicians shall administer or shall order medications to be administered to patients while in the facility only. Medications for patients to take home shall be provided via written prescription by the attending physician or nurse-midwife.

In any case where medication and controlled substances are stocked within the facility, a designated individual shall be responsible for the overall supervision of the handling, administration, storage, recordkeeping and final disposition of medications.

Section I -- Laboratory Services

309.1

The center may either provide a clinical laboratory or make contractual arrangements with an approved outside laboratory to perform services commensurate with the needs of the facility.

309.2

Qualifications of Outside Laboratory. An approved outside laboratory may be defined as a freestanding independent laboratory or a hospital-based laboratory which, in either case, has been appropriately certified or meets equivalent standards as a provider under the prevailing regulations or P.L. 89-97, Titles XVIII and XIX (Medicare/Medicaid).

309.3

Agreements. Such contractual arrangements shall be deemed as meeting the requirements of this section so long as those arrangements contain written policies, procedures and individual chart documentation to disclose that the policies of the facility are met and the needs of the patients are being provided. Written original reports shall be a part of the patient's chart.

309.4

In-house Laboratories.

1. In-house laboratories shall be well organized and properly supervised by qualified personnel.
2. The laboratory will be of sufficient size and adequately equipped to perform the necessary services of the facility.
3. Provisions shall be made for a preventative maintenance and an acceptable quality control program covering all types of analyses performed by the laboratory. Documentation will be maintained for preventative maintenance and quality control programs.
4. Written policies and procedures shall be developed and approved for all services provided

by the laboratory.

5. Documentation of patient laboratory values shall be recorded on appropriate laboratory report forms and duplicate copies of these reports retained for a minimum of two (2) years in the laboratory.
6. Contractual arrangements for referral laboratory testing shall be made in accordance with 309.1 for laboratory procedures not provided by the in-house laboratory.

Part IV

Environment

310.1

Adequate Space. The birthing center shall provide adequate space for caseload and personnel and ensures privacy for women and childbearing families including but not limited to:

1. business operations
2. secure medical record storage
3. waiting reception area
4. exam rooms
5. family room and play area for children
6. bath and toilet facilities for families, laboring women and staff
7. birth rooms
8. conference area
9. staff area
10. education facilities/library
11. utility and work area
12. storage
13. area for emergency cart
14. in-house office laboratory procedures
15. accommodation for a non-ambulatory family member (non-ambulatory childbearing women are not usually cared for in birth centers)

Section A -- Patient Areas

401.1

Birthing Rooms.

1. Birthing rooms shall have sufficient space for a double bed, cradle, nightstand, rocking chair, cabinet for supplies and a sink, minimum of 120 square feet. A flat area for infant resuscitation should be lighted so the illumination is at least 100-foot candles at the infant's body surface and should contain:
 - a. overhead source of radiant heat
 - b. heating pad overlying a thin mattress on which the neonate is placed
 - c. large wall clock with a clearly visible second hand
2. Ceiling height of the birthing rooms shall be 8'0" minimum.
3. Each birthing room will have immediate access to a bathroom. Tubs are recommended.
4. Birthing rooms shall be designed to provide privacy for the mother and family.
5. All walls and floors shall be suitable for washing.
6. A nurse or emergency call system shall exist.
7. Portable oxygen and suction shall be available. All outlets shall be grounded.

401.2

Service Area.

1. Personnel office shall be adequate for the number of personnel; included are desks, area for supplies, bathroom and shower facilities.
2. Laboratory area is usually small because of limited use-counter and sink and storage of a few supplies.
3. Clean workroom for storage and assembly of supplies and shall contain storage cabinets or storage carts, work counter and sink.

4. Utility shall contain deep sink, work counter, waste receptacle, soiled linen receptacle.
5. Medicine area with sink, small refrigerator, locked storage, narcotic locker and work counter.
6. Clean linen storage. A closet large enough to hold adequate supply of clean linen.
7. Kitchen facilities either to be shared or in each birthing room sufficient for storage of patients prepared food and beverages.
8. Stretcher, newborn transport unit, emergency O₂ and suction and emergency trays.
9. Janitors closet.
10. Laundry area for washer and dryer if outside laundry contract not used.

401.3

Exams Rooms. The number of exam rooms shall be adequate for the case load. When the exam rooms are used for prenatal care, the rooms shall be situated away from the birthing rooms. At least one exam room shall be necessary for admission evaluation and shall contain an examining table with stirrups, stool, goose neck light, equipment table, sink, supply storage area.

401.4

Family Room and Play Area for Children. The size and number of family rooms shall be adequate for the caseload. A couch, chairs, end table, reading lights and toy storage area shall be included.

Sufficient precaution for child safety shall be employed although children are always attended to. Depending on the size of the caseload, the family area may double as a conference and/or classroom.

Toilet facilities shall be available.

401.5

Conference Area. Conference area shall be sufficient size for the number of personnel. It may be used for childbirth classes, staff in-service education, meetings, etc.

401.6

Education Facilities/Library. The education/library room may be designated area in the family room or conference area or may be a separate room depending on the size of the caseload and

numbers of personnel.

Section B -- General Service Facilities

402.1

Admissions Office. There shall be a room designated as the admission office where patients may discuss personal matters in private. The admission office may be combined with the business office and medical record room if privacy can be maintained when confidential matters are being discussed. This space shall be separated from the treatment area by walls and partitions.

402.2

Waiting Room/Reception Area. A waiting room in the administrative section shall be provided with sufficient seating for the maximum number of persons that may be waiting at any time. This will depend on whether prenatal care is provided in the birthing center. Public toilets/public telephones and drinking fountains, accessible to the handicapped shall be available.

Section C -- Plans and Specifications

403.1

Any birthing center licensed as a "free-standing" center shall not become a component of any hospital or other health care facility without securing a "certificate of need".

When construction is contemplated, either for new buildings, conversions, additions, or major alterations to existing buildings, or portions of buildings coming within the scope of certificate of need of these rules, plans and specifications shall be submitted for review and approval to the Mississippi Health Care Commission.

403.2

Minor Alterations and Remodeling. Minor alterations and remodeling which do not affect the structural integrity of the building, which do not change functional operation, which do not affect fire safety, and which do not add beds or facilities over those for which the birthing facility is licensed, need not be submitted for approval.

403.3

Water Supply, Plumbing and Drainage. No system of water supply, plumbing, sewerage, garbage or refuse disposal shall be installed, nor any such existing system materially altered or

extended until complete plans and specifications for the installations, alteration or extension have been submitted to the Mississippi Health Care Commission for review and approval.

403.4

First Stage Submission - Preliminary Plans.

- A. First stage or preliminary plans shall include the following:
 - 1. Plot plan showing size and shape of entire site, location of proposed building and any existing structures, adjacent streets, highways, sidewalks, railroad, etc., all properly designated; size, characteristics, and location of all existing public utilities.
 - 2. Floor plans showing overall dimensions of buildings; location, size and purpose of all rooms; location and size of all doors, windows and other openings with swing of doors properly indicated; and location of stairs, elevators, dumbwaiters, vertical shafts and chimneys.
 - 3. Outline specifications listing the kind and type of materials.
- B. Approval of preliminary plans and specifications shall be obtained from the Mississippi Health Care Commission prior to starting final working drawings and specifications.

403.5

Final Stage Submission - Working Drawings and Specifications.

- A. Final stage of working drawings and specifications shall include the following:
 - 1. Architectural drawings.
 - 2. Structural drawings.
 - 3. Mechanical drawings to include plumbing, heating and air-conditioning.
 - 4. Electrical drawings.
 - 5. Detailed specifications.
- B. Approval of working drawings and specifications shall be obtained from the Mississippi Health Care Commission prior to beginning actual construction.

403.6

Preparation of Plans and Specifications. The preparation of drawings and specifications shall be executed by or be under the immediate supervision of an architect registered in the State of Mississippi.

403.7

Contract Modifications. Any contract modification which affects or changes the function, design or purpose of a facility shall be submitted to and approved by the Mississippi Health Care Commission prior to beginning work set forth in any contract modification.

403.8

Inspections. The Mississippi Health Care Commission and its authorized representative shall have access to the work for inspection whenever it is in preparation or progress.

Section D -- General

404.1

Location. The birthing center shall be located in an attractive setting with sufficient parking space provided, with provisions for meeting the needs of the handicapped.

404.2

Local Restriction. The birthing center shall comply with local professional or commercial zoning, building, and fire ordinances. In addition, birthing centers shall comply with all applicable state and federal laws.

404.3

Structural Soundness. The building shall be structurally sound, free from leaks and excessive moisture, in good repair, and painted at intervals to be reasonably attractive inside and out.

404.4

Fire Extinguisher. An all purpose fire extinguisher shall be provided at each exit and special hazard areas, and located so a person would not have to travel more than 75 feet to reach an

extinguisher. Fire extinguishers shall be of a type approved by the local fire department or State

Fair Marshall and shall be inspected at least annually. An attached tag shall bear the initials or name of the inspector and the date inspected.

404.5

Ventilation. The building shall be properly ventilated at all times with a comfortable temperature maintained.

404.6

Garbage Disposal. Space and facilities shall be provided for the sanitary storage and disposal of waste by incineration, containerization, removal, or by a combination of these techniques. Infectious waste materials shall be rendered noninfectious on the premises by appropriate measures.

404.7

Elevators. Multi-story facilities shall be equipped with at least one automatic elevator of a size sufficient to carry a patient on a stretcher.

404.8

Multi-Story Buildings. All multi-story facilities shall be of fire resistive construction in accordance with N.F.P.A. 220, Standards Types of Building Construction.

If the facility is part of a series of buildings, it shall be separated by fire walls.

404.9

Doors. Minimum width of doors to all rooms needing access for stretchers shall be two feet three inches wide and doors shall swing into rooms.

404.10

Occupancy. No part of a birthing center may be rented, leased or used for any commercial purpose, or for any purpose not necessary or in conjunction with the operation of the facility. Food and drink machines may be maintained or a diet kitchen provided for prepared foods.

404.11

Lighting. All areas of the facility shall have sufficient artificial lighting to prevent accidents and

provide proper illumination for all services.

404.12

Emergency Lighting. Emergency lighting systems shall be provided to adequately light corridors, exit signs, stairways, and lights on each exit sign at each exit in case of electrical power failure.

404.13

Emergency Power. Emergency generator shall be provided to make life sustaining equipment operable in case of power failure. Emergency outlets shall be provided in all patient care areas.

404.14

Exits. Each floor of a facility shall have two or more exit ways remote from each other, leading directly to the outside or to a two-hour fire resistive passage to the outside. Exits shall be so located that the maximum distance from any point in a floor area, room or space to an exit doorway shall not exceed 100 feet except that when a sprinkler system is installed the distance of travel shall not exceed 150 feet.

404.15

Exit Doors. Exit doors shall meet the following criteria:

1. Shall be no less than 44 inches wide.
2. Shall swing in the direction of exit and shall not obstruct the travel along any required fire exit.

404.16

Exit Signs. Exits shall be equipped with approved illuminated signs bearing the word "Exit" in letters at least 4 1/2 inches high. Exit signs shall be placed in corridors and passageways to indicate the direction of exit.

404.17

Interior Finish and Decorative Materials. All combustible decorative and acoustical material to include wall paneling shall be as follows:

- A. Materials on wall and ceiling in corridors and rooms occupied by four or more persons shall carry a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.
- B. Rooms occupied by less than four persons shall have a flame spread rating of 75 or less and a smoke density rating of 450 or less in accordance with ASTM E-84.

404.18

Floors. Tile floors shall be free from cracks and finished so they can be easily cleaned. Carpet or the equivalent floors shall be cleaned as needed.

404.19

Carpet. Carpet assemblies (carpet and/or carpet and pad) shall carry a flame spread rating of 75 or less and smoke density rating of 450 or less in accordance with ASTM E-84, or shall conform with Section 12.6; C Chapter 26.3-33 N.F.P.A. 101, Life Safety Code, 1981.

404.20

Curtains. All draperies shall be rendered and maintained flame retardant.

404.21

Handicapped Facilities. The facility shall be accessible to the physically handicapped and shall comply with A.N.S.I. 117.1, "Making Buildings and Facilities Accessible and Usable by the Physically Handicapped".

Part V

Quality Assurance

501.1

Data Collection. Quality assurance program insures quality of care to clients and the community through an effective system for collection and analysis of data which includes but is not limited to utilization of the following services:

1. orientation sessions
2. attendees at orientation sessions
3. women registered for care
4. women attending educational program at center
5. total number of encounters/visits antepartum
6. antepartum transfers by reasons
7. women admitted to center for intrapartum care